

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213527097

1.) CORPORATION NAME:

**The Ellen Shaw de Paredes Breast Cancer Foundation**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM J NEWMAN JR  
909 E MAIN ST SUITE 1200  
RICHMOND, VA**

SCC ID NO: **06314876**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4480 COX ROAD  
SUITE 100

CITY/ST/ZIP: GLEN ALLEN, VA 23060

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	LYNNE LASKIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	308 GOOSE POINT CT		
CITY/ST/ZIP/CO:	MANAKIN-SABOT, VA 23103		

NAME:	ELLEN SHAW DE PAREDES MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRPERSON		
ADDRESS:	10 WELWYN COURT		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229		

NAME:	LOUISE BELMONT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 124		
CITY/ST/ZIP/CO:	RICHMOND, VA 24457		

NAME:	STEPHEN FEIG MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6119 EAST CLIFFWAY DR		
CITY/ST/ZIP/CO:	ORANGE, CA 92869		

NAME:	Elsie Rose Shank	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	16355 Little River Drive		
CITY/ST/ZIP/CO:	Beaverdam, VA 23015		

NAME:	Ruth S. Murphy	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	59 Lakewood Drive		
CITY/ST/ZIP/CO:	Farmville, VA 23901		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ ELLEN SHAW DE PAREDES MD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ELLEN SHAW DE PAREDES MD, CHAIRPERSON</u> PRINTED NAME AND CORPORATE TITLE	<u>6/10/2013</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.